

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Hayden

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155

County Registrar No. _____

Local Registrar No. 158

2. Full name of child William Charles Jennings

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.

6. Legitimate?

7. Date of birth Sept 17 1925
Month day year

5. No., in order of birth.

8. FATHER

Full name

9. Residence

(Usual place of abode)

If nonresident, give place and state

10. Color or race

11. Age at last birthday 29 (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

14. MOTHER

Full maiden name

15. Residence

(Usual place of abode)

If nonresident, give place and state

16. Color or race

17. Age at last birthday 30 (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against oph-
thalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3 m. on the date above stated,
(Born alive or stillborn.)

*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.

Signature

Address

Given name added from
a supplemental report

Month, day, year.

Filed Sept 20, 1925

Filed _____, 19____

Registrar.

(Physician or midwife)

Local Registrar.

County Registrar.

612-917-131